

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

862-005279
STATE FILE NUMBER

AMENDED

Registration District No. 366 Primary Registration District No. Registrar's No.

FILED JAN 24 1962

| | | | |
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| 1. PLACE OF DEATH a. COUNTY <u>Washington</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Washington</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Union</u> | | c. CITY OR TOWN <u>Cadet</u> | |
| Length of stay in 1b <u>37 Yrs</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt 1 Box 80 Cadet</u> | | d. STREET ADDRESS <u>Rt 1 Box 80</u> | |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Lawrence Francis Battreal</u> | | 4. DATE OF DEATH Month Day Year <u>Jan 18 1962</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>5/29/84</u> |
| 9. AGE (last birthday) <u>77</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u> | | 11. BIRTHPLACE (City and state or country) <u>Richwoods, Mo.</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>Frank Battreal</u> | | 13b. MOTHER'S MAIDEN NAME <u>Louise LaChance</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 17. INFORMANT Address <u>Mrs. Isabell Battreal</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure</u> DUE TO (b) <u>Coronary Thrombosis with Myocardial Infarction</u> DUE TO (c) <u>Arteriosclerosis</u> | | 14. NAME OF HUSBAND OR WIFE <u>Isabell</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Lobar Pneumonia & Cachexia</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Hemorrhage</u> | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>7/11/59</u> to <u>1/18/62</u> and last saw him alive on <u>1/18/62</u> Death occurred at <u>11 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Benjamin S. Sauer</u> | | 22b. ADDRESS <u>211a.2. High St. Potosi, Mo.</u> | |
| 22c. DATE SIGNED <u>1/20/62</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>1/22/62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>St. Joachim's Cem.</u> | 23d. LOCATION (City, town, or county) (State) <u>Old Mines Mo.</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Gum & Son Potosi, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>1/20/62</u> | |
| | | 26. REGISTRAR'S SIGNATURE <u>Attest</u> | |

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

William H. Dunn

Licensed Embalmer No.

5155

P. O. Address

Potosi, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.